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Original Communications.

COTTON WOOL AS A SURGICAL DRESSING.

By WM. WARREN GREENE, M.D., Professor of Surgery in the Medical School of Maine.

FOR at least five years past I have used the cotton wool almost exclusively as a dressing for wounds where I desired or expected union by "first intention," and for two years past have, to a great extent, substituted it for the carbolic acid dressings in the treatment of abscesses and suppurating surfaces. So gratifying and satisfactory, to my own mind, have been the results, that I am inclined to make a simple statement of facts for the benefit of the profession.

It is very likely that the use of this article is more common with surgeons than I am aware, but that it is not extensively employed, except for burns and scalds, I infer from the absence of any notice of it in the books or journals, and from the fact that among my acquaintances I know only three who had employed it to any extent, until I brought it to their notice. Of these all had employed it for its elasticity and lightness.

To Prof. Robinson, of this city, I am indebted for the suggestion of the employment of the particular form which I find preferable to all others, the "French wadding," which is made of the purest cotton, is thick, very soft and elastic, slightly glazed on the one side, and on the other presents a beautiful, soft, fleecy surface. Dr. Robinson has used it many years, "for its lightness and elasticity," with the same results as I have observed in securing union by first intention. Dr. Tewksbury, of this city, and Dr. Fuller, of Bath, have both employed it for the same reasons and with the same results.

After quite an extended observation of its merits as a light, neat, elastic dressing, simple and easy of application, and especially agreeable to the patient as compared with other appliances, and finding that, ap-

parently, the healing process under its influence was remarkably rapid and favorable, it occurred to me that there must be some other quality operating than those mentioned which contributed to the, sometimes, wonderful results; and I had only to refer to the experiments of Pasteur and a host of others upon the vexed question of spontaneous generation, to infer that its capabilities of filtering the air of all spores or germs might, or even must, be one of the main reasons why wounds thus dressed were so free from inflammatory or suppurative action.

With this view, I have extended its use to the treatment of abscesses and suppurating surfaces, as well as to that of simple incised wounds.

I do not think it proper to burden the reader with details, for I only desire to stimulate my brethren to make a fair trial of it, feeling sure that their own experience will at once convince them of its value.

In the case of ordinary wounds, either accidental or resulting from surgical operations, I have, in the last five years, *rarely seen one that did not unite by first intention*, excepting, of course, in the track of ligatures. A few cases in illustration will suffice. At my clinic in the Medical School of Maine, last spring, I amputated the thigh, at the middle, by the circular operation, and the wound, dressed with the simple cotton compress, united at every point by first intention, except in the track of the ligatures. It is hardly necessary to say that this exception obtains in every case. In ten ovariectomies I have dressed the abdominal wound in this manner, and in every instance the union has been perfect without any suppuration.

In a case of morbid growth (epithelioma), where, with the assistance of Drs. Wood and Dana, I made a very deep dissection of the external genitals of a female, removing a large amount of tissue and leaving a very deep and extensive wound, under the cotton compress, firmly applied, perfect union occurred, without a drop of pus, within the week. In the case of a mammary tumor,

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weighing five pounds, removed in the presence of Drs. Robinson, Gerrish and others, the same result occurred.

I amputated the thigh of a young lady in this city, at the middle, by transfixion, Drs. Wood, Weeks, Small, Gerrish and others, present and assisting, and union by first intention occurred at every point under the simple cotton wool compress.

I amputated the thigh of Mrs. —, close below the trochanters, by the circular method, Drs. Wood, Gilman, Dana, French, Gerrish, Hunt and Weston, present and assisting, and under the same simple dressing the same union by first intention took place.

I removed a fatty tumor from a young man's shoulder, which weighed four pounds, dressed it in the same way, and in four days the wound was entirely healed.

I assisted Dr. Tewksbury in amputating a thigh at the junction of lower and middle third, in which he made the antero-posterior flaps by transfixion, and dressed with cotton wool; union by first intention sealed the surfaces everywhere, except in the track of the ligatures.

I have recently made a series of seven plastic operations upon one patient for the restoration of the nose, lips, and part of one cheek, a case which most of the surgeons of Portland have seen, and which I exhibited to my class last spring, and under the same simple dressing every line of incision, after each operation, has healed by first intention.

I merely give these cases as illustrations of what is the result in my own, and, so far as I know, in the practice of others, who use the same dressing. Of course, under any plan of treatment not positively harmful, *exceptional* results happen that are equally good. But from what I may safely call an ample experience, I have never seen any management under which wounds heal so rapidly and with such freedom from inflammation or suppuration as this.

I feel very sure that any surgeon, having once given it a fair trial, selecting a pure, nice article of wadding, will never use any other dressing for simple incised wounds; and while I attribute much to the lightness and *elasticity* of the material, through which we secure, with comfort to the patient, equable, elastic pressure over the entire surface, I am inclined to attach great importance to its action as a filter. Certainly, this must be true, if the importance of atmospheric germs as exciting causes of inflammatory and suppurating processes is properly estimated by the profession at the present time.

Then why not carry its use further, and apply it to the treatment of abscesses and suppurating surfaces?

I desire here to call attention to a very important fact, and to this point the attention of Dr. Gerrish, a most careful observer, who was my assistant for a year and a half, as well as my own, has been especially directed. *In all the cases of recent wounds dressed with cotton wool, when the compress was so carefully applied as to exclude air around the edges, whether the wounds were closed or open, incised or lacerated, we have never seen a drop of pus upon raising the compress the first time.* When oozing has occurred, we have found the cotton coated with dried blood and lymph, but no pus.

I may state, parenthetically, that after such dressing I am very slow to disturb the dressing so long as no symptoms of inflammation are developed. Avoiding, if possible, all lotions, fomentations or anything of the sort, I am anxious to retain the primary dressing as long as practicable.

I have no desire at this time to discuss the comparative merits of the carbolic acid treatment which, thanks to Prof. Lister, has attained a world-wide reputation. I have used it extensively and satisfactorily, and assuming the power of this agent to *destroy* atmospheric spores, its superiority over any agent that merely excludes them is apparent in certain cases. To what extent such specific action is necessary, I do not now propose to inquire, but I must say that I believe the same amount of care as to cleanliness and *exclusion of air by any means*, without carbolic acid, as are requisite to its employment, as recommended and practised, would give such results as to temper somewhat the zeal of its warmest advocates; and, again, that with the same care and caution I have, for the last two years, employed the compresses of cotton wool in place of the carbolic acid putty, with effects quite as satisfactory, and with more comfort to myself and patients.

It will not be denied that so far as exclusion of germs is concerned, the cotton is quite as efficient as the putty or compresses wet with the acid or acid spray. The only question is as to the necessity of a *germ-destroying* agent. And, after all that has been said and is believed and practised, on this point, there is, as I believe, an opportunity for much thought and impartial observation. As I have before said, I do not propose any inquiry in this direction in this paper. I only desire to lay before my brethren these simple statements of my own experience, that they may test the

value of this simple and certainly harmless dressing.

Portland, Feb. 10th, 1872.

CASES OF TRACHEOTOMY.

By GEO. W. GAY, M.D.

H. T. G., *æt.* 6½, "caught cold" the first week in February of the present year. Very little was thought of it till a week later, when the cough became severe and the breathing laborious. Dr. J. E. Walker was called, and found the little fellow suffering with great dyspnoea; face pale and lips livid. When first seen by me, at 10, A.M., of that day, in consultation with Dr. Walker, air was entering the lungs fairly; there were some dry râles, but the principal obstruction seemed to be in the throat, although no membrane could be seen there. Patient was conscious and answered questions well enough, but said he "felt drunk." P. 136. Respirations 30-40. An unfavorable prognosis was given, and tracheotomy advised, with the idea of giving him the last chance for life or an easy death. The parents readily agreed to the proposition, and tracheotomy was done *without ether*. The first incision seemed to hurt the patient a little; he put up his hand, but there was no fear and no struggling. After the first incision through the skin there was no more trouble, and the operation was finished as leisurely as it could have been under ether. As soon as the tube was introduced and a little bloody mucus was thrown out, the patient breathed easily and dropped asleep. Room ordered to be kept warm and the air as moist as possible with boiling water and hot bricks. To take milk and brandy. Ammon. carbonat. gr. i. every hour. 3, P.M.—Sleeps much of the time. Pulse 120-130. Respirations 30, and easy. Some dry râles in lungs. Tube lined with a very tenacious substance, and cleaned with difficulty. Takes nourishment well. 9, P.M.—Pulse 120-130. Respirations 28-30. Bright and playful and perfectly comfortable; condition in decided contrast with that of 12 hours before. Running at nose; no râles in lungs. Tube more moist; *not* gummed, and easily cleaned. Continue treatment.

Feb. 11th, 9, A.M.—Semi-conscious. Pulse 140-160. Respirations 40. Trachea and bronchi filling with mucus. He slept well and took his food till near morning, when his breathing became shorter and he began to lose his senses, but there was no suffering from suffocation, as before the operation. He died very easily, at 10½, A.M.,

twenty-four hours after the operation. No membrane was seen at any time; but the symptoms, mode of attack and exclusion of other diseases seemed to point to true croup as the most rational diagnosis.

The great and instant relief which this little fellow experienced justified the operation in all our minds, although we felt that the ultimate result of the disease was almost sure to be fatal. We think few parents, having seen this case before and after the introduction of the tube, would ever, in similar circumstances, refuse a child this comfort, even if they knew his life could not be saved; relief always follows the operation, life is prolonged and sometimes saved, and death made comparatively easy. As soon as respiration becomes laborious in true croup, we would open the trachea and let the patient breathe warm, moist air, and thereby prevent the waste of strength in breathing through a narrowed glottis; the operation, done with ordinary skill at this stage of the disease, is never fatal and rarely dangerous.

Should there be much exhaustion or carbonic acid poisoning, we would not use ether in the operation. Most hospital surgeons have seen, respiration stop entirely, when ether is used under these circumstances, and reinstated only by a hasty tracheotomy and persistent artificial respiration. We remember two such cases at the City Hospital within the past year. The pain is comparatively slight, and the patient is too anxious for his breath to have any fear or dread of the operation.

Foreign Body in Bronchial Tubes. Tracheotomy. Recovery.—Miss W., *æt.* 16, while chewing sweet flag root (*acorus calamus*), during a fit of laughter, drew a piece into the trachea. Violent coughing followed immediately, and continued at intervals for three days, before medical aid was called. Dr. Fleaman, of Wilton, N. H., where the young lady lived, was summoned and gave her morphia with temporary benefit. Four days after the accident, the patient was seen by the writer, in company with the attending physician, and Dr. T. B. Dearborn, of Milford. She was being supported in an upright position in bed, breathing with great difficulty. The respiration was hurried, laborious, and somewhat resembled hysterical dyspnoea. She had violent coughing spells, and a severe pain in left side at lower edge of ribs; there was no lividity or sign of insufficient aëration; moist râles at upper part of both lungs; respiratory sounds very faint in lower half of right lung, much more so than in left;

no dulness. Pulse feeble and patient weak. Takes very little nourishment and has slept little since the accident. Patient was etherized, and respiration became easy, but the physical signs remained unchanged.

The trachea was now opened in the usual manner, and the first expiration threw the offending substance half way across the room; it was of the size of a pea and was slightly softened. The tracheal wound was left to itself, but the external incision was partially closed with sutures. One hour after the operation there were fewer râles, and air entered the lungs much more freely than before. The wound in the throat troubled her very little; she had no more dyspnoea; the cough and the pain in the side gradually subsided, she made a complete recovery, and is well at the present time.

Edema of the Glottis. Tracheotomy. Recovery.—The following case came under the writer's care when on service as Dr. Cheever's house-surgeon, at the City Hospital, in 1867.

D. H., colored, æt. 26, carpenter, entered the hospital, May 3d, with enlarged and suppurating glands in the neck, which had troubled him fifteen months. When first seen, at 6, P.M., he was very feeble, though able to walk to the hospital; he was stupid, and answered questions very slowly; said he had eaten nothing for five days, as he could not swallow; could open his mouth only about half an inch; drank a little milk with considerable difficulty. No dyspnoea or trouble in chest, nor had he any other difficulty except that above mentioned. Ordered to be put to bed, poultice to neck, and to have an enema of beef-tea and brandy. 10, P.M.—Coughing up a little frothy mucus; otherwise same. Morph. sulph. gr. $\frac{1}{4}$ subcutaneously.

May 4th, 1, A.M.—Called in great haste by the night watch, who said there was "some trouble with that new patient's breathing." Reached him just in season to see him gasp once and then stop breathing entirely. Pulse barely perceptible. The trachea was hastily opened with a knife from an ordinary pocket case, and was held open with scissors and a finger till a tube could be procured. Respiration, which had ceased for nearly or quite a minute, began again with the usual expulsion of mucus and blood. He soon had a most violent fit of coughing, during which Dr. Cheever entered the ward and ordered a quarter of a grain of sulphate of morphia injected into the arm. He soon became quiet and was removed to the steam-room.

Entirely unconscious. Enema of brandy and milk. 3, A.M.—Pulse 132. Respiration quiet and easy. 5, A.M.—Pulse 120. Respiration 20. No râles in chest. Tube lined with thin mucus and easily cleaned. Sleeps most of the time. Repeat injection every three hours. 7, A.M.—Pulse 112. Still unconscious. 10, A.M.—Pulse 120. Partially conscious. Urine drawn with catheter. 4, P.M.—Pulse 98. Respirations normal. Patient has his senses.

May 7th.—Tube removed. Respiration easy and natural. Takes solid food.

May 21st.—Glands are much diminished in size, and the suppuration has nearly stopped. Wound of operation closed. He is much better in every way than when he entered the hospital. Discharged this day at own request. He was soon entirely well, and at work at his trade; he had no further trouble with neck or throat for four years; since then he has been lost sight of.

Boston, May, 1872.

THREE CASES OF VACCINATION FROM A SYPHILITIC SUBJECT.

By W. F. MURKOE, M.D., Physician to the Boston Dispensary.

At the present time, when vaccination and re-vaccination are so imperatively demanded by the public safety, popular prejudices as to inoculation of blood-poisons and "humors" do a vast amount of damage, and any facts which aid the truth are of value.

In the summer of 1866, when smallpox was prevalent, I vaccinated a robust looking infant, two weeks old, with virus from a healthy child, aged about one year, of whom there could be no suspicion. The progress and character of the vesicle were perfectly normal, and on the seventh day I charged a small number of points, of which I used but three. With these I successfully vaccinated two children and one adult. Three weeks after I had taken the virus from the first case, I was sent for to see the child, then five weeks old, and found it covered with a perfectly characteristic rash, and also learned that the father had been under treatment for syphilis during the year in which the child was born. In the three cases of vaccination from this undoubted syphilitic stock, there have been no symptoms of any infection. One I saw two years after the operation; one I have seen at short intervals ever since; the third—the adult—was in my office but a few days ago.

The result of the long—one might say

interminable—discussion before the French Academie de Médecine, and those which have taken place more recently in England, seems to establish the fact that vaccine lymph without blood cannot infect. For this reason, bloody lymph should never be employed; ivory or quill points should never be used a second time, and the lancet should be carefully cleaned after each operation. Inasmuch as erysipelas, eczema and various eruptions are sometimes "driven out" by vaccination, a record containing the sources from which lymph is obtained, the cases upon which it is used and the results, is a great protection to the physician in affording him a series of cases which can clear him from the suspicions of credulity and ignorance.

In cases where there is a possibility of inherited disease, a delay of seven or eight weeks, until the symptoms would probably appear, may save the doctor from reproaches properly belonging to the parents.

As even the shadow of a doubt should not be ignored in such an important matter, it is better to take the virus from children more than two months old.

life of this great physician, and his connection with the medical history of Philadelphia. A sketch of Dr. Casper Wistar followed, and also of Dr. Chapman, the first President of the Association.

The speaker then entered into an elaborate discussion of the standard of learning and attainment among the profession, contrasting the past with the present time.

After a full allusion to the different schools of medicine, he said that medical science was not to be learned among colleges and schools but among patients in the hospital. Not deep researches, but more practical treatises were what was required. He exemplified the code of Dr. Drake on the diseases of America, published many years ago, a work standard in its time, but whose reputation has departed. At the World's Exhibition in London, it was asserted that the only line in which America had excelled was in "rugged utility," and it was only by rugged utility that the profession would ultimately succeed.

The President considered the advances made at the present moment all along the line of medical science. That the schools of the country, acknowledging the force and truth of his words, were educating their youth more in the practical knowledge of the profession than in the knowledge of the dead languages, the Latin and Greek. That this was producing its best fruits was evident, for we saw that in the farthest of the far West, where the practitioner who had never had an academical education, and possibly with only the elements of an education, lulled the miner's son to quietness by day with bromide of potassium, and to sleep at night with hydrate of chloral. Thus we see that even far from the centre of civilization the same treatment is given to the rough miner's son that is afforded to the princes of the earth.

The speaker then passed to discuss the subject of the education of woman to the medical profession. Although not condemning the idea of female medical education, he said that he could not fully and heartily sympathize with it.

After alluding to the fact that history recorded the eminent attainments of many women in the medical profession, the President said he hoped, however, that no element of discord would be introduced into their midst by the endeavor of women to enter their body. He for one would not vote for them. He concluded with an apostrophe to the humanizing influence which the practice of medicine produced all over the country.

Reports of Medical Societies.

ANNUAL CONVENTION OF THE AMERICAN MEDICAL ASSOCIATION.

FIRST DAY.

The delegates to the American Medical Association were convened in Horticultural Hall, Philadelphia, on Tuesday morning, May 7th, at 11 o'clock. A large number of medical men were present at the hour of opening, and were cordially greeted by members of the profession residing in Philadelphia and vicinity. The meeting was called to order at the appointed hour by the President, Dr. D. W. Yandell, of Louisville, Ky. Prayer was offered by the Right Rev. Dr. Stevens, Bishop of the Protestant Episcopal Church in Pennsylvania.

An address of welcome, on behalf of the medical profession of Philadelphia, to the visitors, was delivered by Professor R. E. Rogers, Chairman of the Committee of Arrangements.

The President then delivered his annual address. Dr. Yandell commenced by reviewing the early history of the Society, and of those eminent men who were its early spirits. Especially, he referred to Dr. Benjamin Rush, and sketched briefly the

The report of the Committee on Credentials was next presented as far as read.

Dr. H. F. Askew, of Delaware, offered a resolution that all questions of a personal character, including complaints and protests, and all questions of credentials, be referred at once to the Committee on Ethics, and without discussion.

The question being called for, after some remarks by Drs. Mussey, of Ohio, and Hartshorn, of Philadelphia, the motion was put and carried without a dissenting voice. The following gentlemen were appointed a Committee on Ethics:—

Dr. Askew, of Delaware; N. S. Davis, of Illinois; Calvin Geary, of Maine; I. K. Burtette, of Delaware; and S. D. Gross, of Philadelphia.

The Convention then adjourned.

SECOND DAY.

The Association met on the second day at 10 o'clock. In the absence of the President, the Vice-President, Dr. Thomas M. Logan, of California, called the meeting to order.

At this point, owing to the inability of some delegates, far removed from the stage, to hear, on account of the imperfect acoustic arrangements of the hall, an adjournment was made to the First Reformed Presbyterian Church, Broad street, below Spruce, where Dr. Yandell met them as presiding officer.

Prof. R. E. Rogers offered the following resolution:—

Resolved, That Dr. J. Edgar, Chancellor of the University of Virginia, be invited to take a seat in the Convention.

Agreed to after several other names were added to it.

Dr. Bronson, of Massachusetts, offered the following as an amendment to the By-Laws:—

Resolved, That the Committee on Ethics, to consist of seven members, be selected by the Nominating Committee.

The President decided that this change in the By-Laws would necessarily lie over until the next annual meeting. The motion was then put as a simple resolution, but was negatived by a vote of 167 to 187.

In support of the resolution Dr. Bronson said:—I was about to say that, at the organization of this Association, the questions which came before the Committee on Ethics were of very little interest to a large portion of this Convention. The Committee was considered of so little importance that it was not originally a part or parcel of our Constitution or By-laws; but within the

last few years every gentleman who is familiar with the Acts of this Association is aware that discordant elements have been introduced here which have consumed time and produced friction in this body, and it has been owing in part to the fact that the presiding officers of this Association have exercised their undoubted right by indicating of whom that committee shall consist. If the President of this Association had any special predilections on this or that question, he would be very apt to appoint a committee in sympathy with him. Hence it is that dissatisfaction has been produced among a large number of the delegates. With the view, therefore, of correcting that evil, it has occurred to me that if each State and Territory had a voice in the formation of that committee, the difficulty would be removed; that it would prove a balm and a poultice to this Society, rather than an element of discord. This was the object I had in view when I introduced this resolution, not that I had anything to say against the action of any of our presidents, for they have all acted as I would, no doubt, have acted myself.

In connection with remarks on the action taken by the Association towards the Massachusetts Medical Society in 1870-71, Dr. N. S. Davis, of Chicago, said:—I hold in my hand a preamble and resolution. In passing it, it seems to me that it would be calculated to do good in at least one section of our country, and I can see nothing in it that any man could object to.

The preamble set forth that it had been represented that the Massachusetts Medical Society considered that its delegation to the annual meeting of the American Medical Association, in Washington, in 1870, was unjustly excluded by the Committee of Arrangements, and that the action of the Committee on Ethics, at the same meeting, in refusing to allow the right of the said Committee of Arrangements to detain the Massachusetts delegation, was unauthorized by a majority of the members of that Committee. It was moved that the Association acknowledge the great and effective efforts of the Massachusetts Medical Society to elevate the profession, and that the Association encourage it in its exertions to rid itself of all pretenders. I would move that the resolution be adopted, simply because I deem it worthy of our action. I am sure that, as the Massachusetts Medical Society is carrying the matter now to the civil courts, if we can give them a word of encouragement it will be of service.

Dr. Baldwin moved to refer the matter to the Committee on Ethics.

The reports of the Committee on Publication and of the Treasurer were then read and accepted.

Dr. J. S. Wetherby, of Alabama, presented the report of the Committee on Medical Education, which, after going briefly over the ground of the state of education in this country, and making a comparison with the European plans, threw out a number of suggestions, that no more charters should be granted to medical colleges which do not adopt the plan of medical education indorsed by the Association, and that applications be made to the legislature for the revocation of the charters of such colleges as do not adopt such plan, and that no delegate be admitted into the conventions from an institution which has failed to meet similar requirements. The report alluded to the rivalry between the various medical colleges, which induced them to lower the charges for education, and tended to make them throw abroad upon the world men who were totally unfit for the physician's duties.

This was appropriately referred.

Dr. Francis Gurney Smith, from the Committee on Prize Essay, in the absence of Dr. Stillé, chairman, presented a report announcing Dr. Samuel R. Percy, of New York, as the successful essayist, for an essay upon "The Physiological Value of Phosphorus as an Organismal Element."

Dr. T. Parvin, of Indiana, read the report of the Committee on Medical Literature, which asserted that while the medical profession of the country had a journalism which was honorable, worthy and able, yet that it was exposed to the danger of becoming local and provincial; was subjected to the influences of certain colleges; and that it sometimes, too, descended to the larding of quackeries. The report recommended that manuscript books on medical topics, designed for publication, should be referred to the Committee on Medical Literature for critical examination; and that then, if the report was favorable, the work should be produced "under the auspices of the American Medical Association." Referred.

The report of the Committee on American Medical Necrology was presented and referred without being read.

Dr. William R. Findley, of Pennsylvania, offered a resolution referring to the Committee on Ethics the resolution adopted at the New Orleans meeting of the Association, which set forth that physicians who

attended families on contract or by the year, or bid for practice at less rates than regular graduates, were to be classed among irregular practitioners. Agreed to.

Dr. George Sutton, of Indiana, read a paper urging the necessity of the establishment of a National Medical Library.

In connection with this subject, Dr. Woodward, of Washington, D. C., said:—I ask the indulgence of the Association to make a very brief statement in regard to the very matter the gentleman has just alluded to. I wish to state that the National Medical Library which he considers so desirable is already in existence; that the Library of the Surgeon-General's Office in Washington has been furnished with funds during the last four or five years by Congress, and has been accumulating books until it now numbers fifteen or eighteen thousand volumes, and that there is every probability that a large appropriation will be granted during the present session for its continuance.

After some discussion of a question which arose concerning the powers of the Publication Committee, and which was settled by a vote of the Association to leave those powers untouched, the meeting adjourned.

The afternoon was again occupied in the reading of papers in the various section rooms.

In the evening the Association met in the chemical lecture room of the Medical Department of the University of Pennsylvania, to listen to a lecture by Prof. Noyes, of New York, on "The Relation of Diseases of the Inner Structure of the Eye to other Affections of the Body."

At 8 o'clock, Prof. Robert E. Rogers delivered a brief lecture, with demonstrations of electrical phenomena, in the same hall.

The delegates, with the ladies who accompanied them, then proceeded to the residences of Dr. William H. Pancoast and Dr. Hugh L. Hodge, where they were hospitably entertained.

THIRD DAY.

The Association met at the Presbyterian Church as on the previous day.

The Secretary read the following resolution, which was adopted in the College of Physicians, in Philadelphia, May 1, 1872:—

Whereas cases of accidental poisoning and of the internal administration of medicines intended only for external use are so frequent; and—

Whereas every possible safeguard should

be employed to prevent such accidents; therefore—

Resolved, That it is recommended to all druggists to place all external remedies in bottles not only colored, so as to appeal to the eye, but also rough upon one side, so that by the sense of touch no mistakes shall be possible, even in the dark; and that all bottles containing poisons should not only be labelled "poison," but also with another label indicating the most efficient and convenient antidote.

Dr. Sayre, of New York, moved to adopt these resolutions. Agreed to.

Dr. Alexander W. Stein, of New York city, presented the following resolution:—

Whereas, it has long been recognized that diseases of a dangerous and fatal nature are transmissible from animals to man, and that certain zymotic affections, which are common to both man and animals, do very frequently manifest themselves, first in the latter and subsequently in man, thus warning us that to be indifferent to the condition of the inferior animals is to introduce and create centres of disease among ourselves; therefore—

Resolved, That a committee be appointed to ascertain what measures can be instituted to prevent the extension of such diseases to man, and what sanitary measures can be effected to arrest the progress of such diseases in animals, the committee to report next year. This was adopted.

Dr. Frederic Horner, of Virginia, proposed the following:—

Whereas, the abuse of ardent spirits in our country has proved injurious to the health of the community—

Resolved, That the members of this Association recommend to discourage the use of alcoholic stimuli in the community.

Agreed to.

Dr. Francis Gurney Smith, from the Committee on Nomenclature, read a majority report recommending that the Association adopt a new system of nomenclature, and moved its adoption.

Dr. Woodward, of the United States Army, read a minority report and an accompanying resolution, setting forth that, as the matter was one too serious for hasty adoption, the majority report be printed and lay over till the next annual meeting.

Some debate ensued, after which Dr. Woodward's resolution was adopted.

Dr. Baldwin read a partial report from the Committee on Nominations, as follows:—

President.—Dr. Thomas D. Logan, Cal.

First Vice-President.—Dr. Catlin, Conn.

Second Vice-President.—Dr. McPheeters, Mo.

Third Vice-President.—Dr. Pollock, Pa.

Fourth Vice-President.—Dr. Briggs, Tennessee.

Treasurer.—Dr. Casper Wistar, Pa.

Librarian.—Dr. William Lee, D. C.

Committee on Library.—Dr. J. M. Toner, D. C.

Assistant Secretary.—Dr. M. A. Fallon, Mo.

The report was accepted.

The next meeting of the Association will be held at St. Louis, Mo.

Dr. Logan, of California, read a report on Public Hygiene, recommending that institutions in this branch of medicine be organized throughout the land; he also advised the more perfect education on this subject in our schools.

The Committee asked to be continued for the purpose of still further studying the subject of State medicine, and offered a resolution that there be appointed a special section on the above subject and on public hygiene.

Dr. Tucker, of California, offered a substitute, recommending the formation of a National Medical Bureau, instituting a national system of quarantine, and recommended the publication of information referring to medical practice.

The substitute was voted down and the resolution of the committee agreed to.

The Committee on Nominations presented a further report as follows:—

Committee on Arrangements.—Dr. J. B. Johnston, Dr. J. T. Hodges, Dr. J. S. Moore, Dr. Robinson, Dr. Kennard, Dr. Teste, Dr. Brokaw, Dr. J. M. Scott, all of St. Louis.

Committee on Publication.—Dr. Atkinson, Chairman, Pa.; Dr. D. Murray, Chester, Pa.; Dr. Wm. Lee, District of Columbia; Dr. Casper Wistar, Pa.; Dr. H. F. Askew, Delaware; Dr. A. Meigs, Pa.

Committee on Prize Essays.—Dr. Moore, Chairman, Missouri; Dr. Gregory, Missouri; Dr. Davis, Illinois; Dr. Parvin, Indiana; Dr. Mendenhall, Ohio.

Committee on Medical Education.—Dr. Carson, Chairman, Ohio; Dr. Tojan, Ga.; Dr. Howard, Md.; Dr. Steel, Cal.; Dr. Vanderpool, N. Y.; Dr. Johnson, District of Columbia; Dr. Stout, Ga.; Dr. Welsh, Texas; Dr. Scott, Ark.; Dr. Bailey, N. Y.; Dr. Jones, Ala.; Dr. McRuor, Me.; Dr. Talley, S. C.; Dr. Blaine, N. J.; Dr. Shattuck, Mo.; Dr. Jacques, Va.

Committee on Medical Literature.—Dr. Flint, Chairman, N. Y.; Dr. Yandell, Sr.,

Ky.; Dr. Henderson, Ala.; Dr. Thrall, Ga.; Dr. Leary, Me.

Committee on Medical Necrology.—Dr. Jackson, Chairman, Ky.; Dr. Parsons, R. I.; Dr. Hildreth, W. Va.; Dr. Johnson, D. C.; Dr. Simmons, Cal.; Dr. Warriner, Oregon; Dr. Stevens, Ohio; Dr. Agnew, Pa., and others.

OFFICERS OF SECTIONS.

Chemistry and Materia Medica.—Dr. R. E. Rogers, Chairman, Philadelphia; Dr. Ephraim Cutter, Secretary, Boston.

Practice of Medicine and Obstetrics.—Dr. D. A. O'Donnell, Chairman, Baltimore; Dr. Benjamin F. Dawson, Secretary, New York.

Surgery and Anatomy.—Dr. Warner, Chairman, Baltimore; Dr. W. Peck, Secretary, Iowa.

Climatology and Epidemics.—Dr. George Sutton, Chairman, Indiana; Dr. Elisha Harris, Secretary, New York.

Medical Jurisprudence, Hygiene and Physiology.—Dr. R. C. Busey, Chairman, Washington; Dr. H. B. Arnold, Secretary, Baltimore.

Psychology.—Dr. Isaac Ray, Chairman, Philadelphia; Dr. John Curwin, Secretary, Harrisburg.

The report was accepted.

Dr. Askew, from the Committee on Ethics, presented a report, which was read by Dr. Davis.

In relation to the preamble and resolutions offered by Dr. Davis, touching the Massachusetts Medical Society, the Committee recommended them for unanimous adoption by the Association. They are as follows:—

Whereas it has been represented that the Massachusetts Medical Society considers that the delegates to the annual meeting of the American Medical Association in Washington, May, 1870, were unjustly excluded by the Committee of Arrangements; and—

Whereas the action of the Committee on Ethics, at the same meeting, in refusing the right of said Committee of Arrangements to exclude the Massachusetts delegation, is not yet fully understood by that Society; therefore—

Resolved, That the Association acknowledge the great and effective efforts of the Massachusetts Medical Society to elevate the profession, and to suppress quackery of all sorts, and especially assure that Society of encouragement and support in its present exertions to rid itself of all pretenders.

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This was agreed to by the Association.

The Association then adjourned.

The members subsequently repaired to the University of Pennsylvania to partake of an entertainment tendered them by the professors and graduates of that institution.

At 7, P.M., they attended the Jefferson Medical College, for the purpose of listening to a lecture on "Sound," accompanied by several experimental illustrations by Dr. J. Solis Cohen.

At 8 o'clock, they repaired in a body to the residence of Thomas A. Scott, Esq., where they were tendered a reception.

FOURTH DAY.

The Association was called to order at 10 o'clock.

Dr. Pineo, of Massachusetts, presented a resolution, placing the United States Marine Hospital Service in the same relative position in this Association as the Medical Department of the Army and Navy, and making the necessary alterations in the Constitution. Laid over for one year.

The President appointed the following Committee in reference to the publication of a National Medical Journal: Drs. Pollock, Westmoreland, Talley, Walker, Jackson, Weatherly and Maguire.

Resolutions were passed on the death of certain members of the Association; considerable discussion ensued on matters of unimportant business which were brought up.

Dr. Reese, of Brooklyn, offered the following:—

Resolved, That while we admit the right of woman to acquire medical education and to practise medicine and surgery in all the departments, we deem the public association of the sexes in our medical schools and at the clinics of our hospitals as impracticable, unnecessary, and derogatory to the instincts of true modesty in either sex.

The resolution was immediately laid upon the table, when Dr. Busey suggested that laying this resolution on the table was an error upon the part of the Association.

On motion of Dr. Rogers, the resolution was taken from the table, and he then said that in voting to lay the resolution upon the table, the Association had virtually accepted it.

Dr. Hartshorne then moved to indefinitely postpone the consideration of the subject, which was carried.

Dr. Yandell announced that all the business of the session had been disposed of.

After thanking the members, in a short address, for their uniform kindness and

courtesy toward him, the Association adjourned, to meet in St. Louis next May.

In the afternoon, the members of the Association visited Fairmount Park, and there concluded the annual convention by a banquet provided by the physicians of Philadelphia.

CAMBRIDGE SOCIETY FOR MEDICAL IMPROVEMENT.
A. P. CLARKE, M.D., SECRETARY.

The Society met March 4th, 1872, Dr. A. L. Norris in the chair.

Dr. S. W. Driver read a communication on the subject of puerperal convulsions, in which he related four cases. The first occurred in very hot weather, and from the heat and other causes it speedily proved fatal. The next case occurred in a primipara, before the os had dilated to any considerable extent. As soon as practicable, the forceps were employed and delivery completed. The urine in this case contained a large proportion of albumen, but this disappeared as early as the sixth day after delivery. This patient recovered perfectly. The next case occurred in a multipara, and resembled very much the preceding. The convulsions occurred early, and the forceps were employed. The urine was nearly free from urine by the fourth day. This patient likewise recovered. The patient in the next case had complained more or less for a month; convulsions occurred before the labor had made any considerable progress. The forceps were employed as soon as possible, but there was considerable difficulty experienced in their application, owing to some malformation of the head of the fetus. The completion of the delivery did not at first check the convulsions, and the sixth one occurred about half an hour after the birth of the child. The patient had for awhile a small and rapid pulse, and her system was greatly depressed. The urine contained a large amount of albumen, together with a great number of fatty casts. There was marked coma, and the excito-motor system of the medulla was suspended. The pulse for awhile became more and more deficient. The urine was scanty, and for twelve hours two ounces only of that fluid were secreted. This had to be drawn by the aid of the catheter. Edema was very extensive, especially about the eyelids. Before the patient became conscious, the movements of the right arm were found to have become suspended. Chloroform in this, as in all of the foregoing cases, was administered, but it did not fully control the convul-

sions; stimulants were also given. The severity of the symptoms and the depression of system steadily continued, and the prognosis of the case became decidedly unfavorable. At length, however, the symptoms became easier, and by the ninth day the patient had nearly recovered. Chloroform was preferred to ether as being much more agreeable, effectual and speedy in allaying the spasmodic action of the disease. Bromide of potassium was given in the intervals, on account of its supposed happy effect in preventing the recurrence of the spasms. Acetate of potass. was freely resorted to for its diuretic effects for lessening the oedema. To show by way of illustration the beneficial effects of the bromide in dropsical cases, Dr. Driver mentioned a case of ascites wherein the patient suffered from repeated attacks of pyrexia and other symptoms, over which the bromide always appeared to exert a marked influence in diminishing their severity.

Dr. R. M. Otis read a written communication on the prolonged use of sulphate of morphia employed subcutaneously, which was published in this JOURNAL for April 11, 1872.

Dr. H. O. Marcy exhibited a morbid specimen from a patient who had been a great sufferer from the effects of rheumatic or obstructive disease of the heart. For the past ten days she had suffered from extensive bronchial trouble, and about thirty-six hours before death partial pneumonia supervened. She was about five months pregnant. The uterus *in situ* containing the fetus, placenta and membranes attached, were exhibited to the members of the Society. The placenta was noticed to be closely adherent to the uterine surface, and as it was gradually moved, the interlacing of the tissues were finely displayed. The uterine sinuses were also well marked. The liver and kidneys showed characteristic changes of interstitial degeneration usually met with in such diseases. Microscopic sections of the same were shown to the gentlemen. Dr. Marcy also exhibited a morbid specimen from a child, aged 5 years, who died of chronic pneumonia, or what has sometimes been called capillary bronchitis. The lower portion of one lung was found diseased, but the upper portion was quite healthy. The affected portion had somewhat the appearance of tuberculous lung, and the disease might have been mistaken for some of the forms of tuberculosis. Microscopic sections showed the obstructions or constrictions in the minute ramifications of the bronchial tubes.

Foreign Correspondence.

LOSTORFER'S CORPUSCLES.

VIENNA, April 20, 1872.

MESSEURS. EDITORS,—The meeting of the "Gesellschaft der Aerzte" was occupied last evening by a long and elaborate discourse upon Lomotorfer's corpuscles from Professor Stricker. He first described carefully the various bodies which have, up to the present time, been recognized as the constant ingredients of fresh specimens of human blood. These consist, beside the well-known red and white corpuscles, of colorless irregular bodies, probably fragments of the white corpuscles and of certain hyaline bodies, varying in size and shape, of whose nature and consistency nothing is known. Small globules of fat may occasionally be detected. After this description, the Professor went on to give in detail the procedure which he followed in preparing the specimens of blood for examination, and the many precautions which he had found it necessary to take in order to insure the development of the corpuscles in question. These details I will give below.

With properly prepared specimens of syphilitic blood, the Professor had searched from hour to hour and from day to day, noting every minute change that took place in the field of the microscope. Drawings were also in many instances made of spots that promised to be fertile. After twenty-four hours it was noticed that the fragments, presumed to be of white corpuscles, after growing paler and paler, finally disappeared. Rarely on the same day, more frequently on the second, third, or fourth day, minute shining points would become visible in the hitherto perfectly clear islands of plasma. These grew in hours or days (the time differing greatly in different patients) to be recognized as distinct round bodies. The larger ones may be described as follows: rounded bodies, probably spherical, occasionally oblong, often presenting upon their periphery the appearance of sprouts, as described by Dr. Lomotorfer; they are colorless, of rather a subdued brightness, and on a change of the fine adjustment of the microscope become dark, not black; they refract the light but very slightly, if at all, so that their outline is never distinctly marked like that of a fat globule; they may best be compared to the nuclei of some of the cerebral ganglia; no change in their shape has ever been noted. "What could the nature of these

strange, hitherto unknown bodies be?" continued Prof. Stricker. "Their growth would suggest their being of organic nature, as would also an occasional flattening of one of their sides into a disk, and, later, a return to their pristine form. Yet mineral substances, too, might increase in size through fresh deposits upon their sides, and, despite the absence in these bodies of all optical and chemical peculiarities of crystals, this possibility could not be overlooked. One circumstance favored this supposition; I noticed that occasionally a minute corpuscle would approach a larger, become attached to its side, and present the above-mentioned appearance of a sprout; little by little the smaller would sink beneath the surface of the larger corpuscle, a slight prominence would alone remain, and at last this too disappear; the absorption would be complete, and the size of the resulting corpuscle perceptibly increased. This performance I witnessed many times."

The action of the various acids upon these bodies was the same; on the first few days of their development this was to cause them to shrivel up and cease to grow. Later, when they were fully grown, they seemed to be unaffected by the acids. These peculiarities would suggest that, when young and tender, they are accessible to external influences, but that afterwards the outer layers of their substance become hardened and present a barrier to the action of the fluids about them. That they are not fat is proved by the fact of their not being colored darkly by osmic acid.

Many such preparations of syphilitic blood were thus examined, always with success, except in one batch, in which the failure to find the corpuscles was afterwards proved to be owing to the unusually low temperature of the laboratory. Acting on the hint thus obtained, the professor had made some fresh preparations, and studied them while they were kept at a uniformly high temperature, by means of a stand of his own invention (18°-20° Celsius). To prevent the drying of the blood, which at this temperature must have speedily ensued if not guarded against, he arranged pieces of blotting paper, doubled several times, all about the slide, some flat upon the stand and others leaning up against the barrel of the microscope; these were kept constantly moist, care being taken that the paper should not touch the covering-glass, nor the water in any other way have access to the blood. The first experiment was with the blood of a syphilitic, in which the cor-

puscles had always appeared rapidly and in great numbers. Here, within fifteen minutes, minute, shining points could be seen in the perfectly clear serum, which, within an hour or two, had increased to considerable dimensions and presented the characteristics of Losterfer's corpuscles. Again and again was the same process repeated with the same and with other blood, and always with a like result, the only difference being in the time required to develop the bodies. At length, the professor raised the temperature to 38°-40° Celsius, and placed the blood under the microscope thirteen minutes after it was taken from the finger of the patient. The island of plasma selected for observation was perfectly clear, and bounded on three sides by masses of red blood corpuscles and on the fourth by an air-bubble. In a very few minutes, he was amazed to see the plasma become thick and turbid; soon myriads of minute shining bodies developed, resembling the milky way in the heavens. Under his very eyes, the bodies grew till many could be recognized as those described by Dr. Losterfer. Stranger still, many of these were in the form of dumb-bells; two corpuscles were united by a thread, about the centre of which they were seen to sway; they also approached and receded from each other continually; often one would be almost absorbed into its mate, yet never failed to issue again and repeat the same freaks. None of the corpuscles, in this preparation, or in any others developed by great heat, attained to any considerable size. "The corpuscles could no longer be mineral, they must be organic; the connecting band must be elastic, for no other consistency could explain the advance and retreat of the bodies from one another."

The professor called attention to the peculiarity of their behavior in different temperatures—in a moderate they are few, yet reach a large size, and in a high temperature they are innumerable, but remain small. This corresponds to the growth and proliferation of pus cells, which in a chronic inflammation grow large without subdividing and multiplying much; but in an acute inflammation they are seen to multiply very rapidly, and no cell of large size is ever seen.

Finally, Prof. Stricker begged to be excused, on the score of fatigue, for postponing the conclusion of his discourse to the next meeting, adding that, without replying to the question of the specific nature of the corpuscles, it was certain that syphilitic

blood was peculiarly favorable to their development.

I have omitted from the above report of Prof. Stricker's paper the mode of preparing and keeping the slides, that I may give it in my own authority. My reasons for so doing are, first, that, after a month's study of human blood with Prof. Wedl, I have since been repeatedly instructed in the preparation and care of the specimens by Prof. Stricker and Dr. Losterfer, and therefore feel more confident in speaking from my own knowledge, than from my recollection of his words last evening; and, secondly, because I think it important to introduce a number of details, which, to a man of Prof. Stricker's experience would seem superfluous, yet to a less practised microscopist would be of value, especially as the development of the corpuscles appears to depend upon these, seemingly trivial, details. A slide is to be heated, and a piece of wax lightly drawn twice across its surface from side to side, far enough apart not to interfere with the drop of blood, yet near enough to support the covering-glass at either end, it being understood that a thin layer of wax is thus deposited upon the slide. The object of these ridges is to prevent the covering-glass being pressed down upon the blood. Across these waxen lines are then laid, parallel and near to each other, two filaments of silk from the cocoon, to serve as guides to the different parts of the field, inasmuch as the silk, being twisted and irregular, presents many recognizable points to the memory. A finger of the patient is then to be washed, pricked, and a small amount of blood received upon the covering-glass, without the latter coming in contact with the skin, by which fat globules and other impurities might be taken up. The covering-glass with the blood is then lightly laid upon the already prepared object-glass. No more blood should be taken than would spread, at the proper thickness, to the size of an old silver three- or five-cent piece, because the edges of the blood present the field for observation, and if they correspond or approximate to the edges of the covering-glass, the water from the lens might be easily introduced into the specimen, and this thereby ruined. If too thin a layer of blood is prepared, the red corpuscles will lie upon their broad sides, and be disseminated over the whole field, an arrangement very unfavorable to the development of the corpuscles. On the other hand, too thick a layer is equally baneful, the desirable condition being where

a net-work is formed by piles and rolls of red corpuscles with perfectly clear interspaces of plasma. A little experience will enable one to judge of this with the naked eye, for when of the right thickness the specimen looks yellowish and finely granular, not uniformly reddish, nor very pale. To obtain this condition, one end of the covering-glass must often be pushed off its waxen support. When in readiness, the specimen may be exposed for fifteen or twenty minutes to the air to allow the blood to dry a little upon the edges, and should then be placed in a *slightly* moist chamber; too much moisture will penetrate into the blood, and arrest the development of the corpuscles; a cup of water under a globe is sufficient. The most favorable places for finding the corpuscles are near the edges of blood, where an island of plasma is bounded on three sides by rolls of red-blood corpuscles, and on the fourth by an air-bubble. In conclusion, I would warn all searchers against being deceived by the nuclei of the white corpuscles, which, after a few days, escape from the corpuscles, and are often seen scattered over the field in considerable numbers. They are perfectly colorless, quite marked in their outline, and want the brilliancy of Lomotorfer's bodies. They are also apt to be in clusters, often adhering to fragments of the white corpuscles; they are, of course, to be found equally in both healthy and diseased blood, when in a stage of decomposition. Another kind of corpuscle is also occasionally seen of a peculiarly bluish shimmer; this, too, must be set aside as normal.

If my testimony is of any value, after this elaborate discourse of Prof. Stricker, I can honestly state that in the preparations made under my eyes by Dr. Lomotorfer, I have seen the corpuscles designated, and recognize them as different from any that I have previously seen in Prof. Wedl's laboratory. Very truly yours,

JAMES R. CHADWICK, M.D.

VIENNA, April 27, 1872.

MESSEURS, EDITORS.—Prof. Stricker again discoursed upon this subject at the meeting of the "Gesellschaft" last evening. After accepting the task of deciding upon the question as to the specific nature of the corpuscles, he related the series of experiments which had led to the conclusions he would announce. Preparations had been made from 13 syphilitics, in 9 of which the corpuscles were found in abundance; in 2 there was some doubt; in the remaining 2 there were surely none. In 12 non-syphi-

litics next examined, no corpuscles were found. Other diseases were then tested:—in 10 cases of variola 9 contained no corpuscles; one showed one questionable body. In one case of pneumonia and two of heart lesions none were found; upwards of 30 different diseases were searched unsuccessfully. Finally, 10 cases of lupus were subjected to examination, and in 2 unmistakable corpuscles were discovered. Attention was called to the great uncertainty of the negative testimony in all cases, owing to the high power of the lens used, and the long search necessitated by the minute size of the microscopic field compared with that of the preparation.

In reflecting upon these two cases of lupus in connection with the case of syphilis, in which the development of corpuscles had been extraordinarily great and speedy, and where the patient was greatly reduced, the Professor had conceived the idea that possibly great debility might be the condition requisite for their growth. In consequence, a series of preparations from tuberculous and carcinomatous patients were searched, and *Lomotorfer's corpuscles found in great quantity*. In a case of heart disease, in one of Bright's disease, and also in one of anemia the same bodies were detected.

Here, then, was a solution of the mystery; the development of the corpuscles does not depend upon the presence of syphilitic virus, but only upon a condition of the blood, resulting from serious constitutional affections. They can no longer be offered as pathognomonic indications of syphilis (it is but just to Dr. Lomotorfer to remember that he never has asserted that the specific nature of his corpuscles had been *proved* beyond all doubt); yet I think that their practical value may still be established, with certain qualifications. May not their presence in the blood have some weight in guiding us to a diagnosis in questionable cases of exanthema, periostitis and the like; i. e. between purely local lesions and similar manifestations of a constitutional malady? It is an important point, that in all stages of secondary syphilitic lesions the bodies are almost invariably present in the blood, though the general health of the patient may not be visibly affected.

Prof. Stricker proceeded to discuss the sources from which these newly discovered bodies might emanate, without, however, throwing any light upon the subject. They may come from without or from within; in the first case a peculiar attraction to the spores must be supposed on the part of the

blood in constitutional diseases, yet, considering the corpuscles to be organisms, we have only to observe the cluster of flies hovering about certain appetizing objects in a kitchen or elsewhere, to be convinced that nature would not be outraged by such a supposition. On the other hand, if they originate in the plasma of the blood, we must either believe that germs are always circulating in the blood, or accept the theory of spontaneous generation. "Though I am no believer in this last," added the Professor, "yet the fact must not be lost sight of, that, at some period of the earth's existence, there must have been a spontaneous generation." In reference to syphilis, for instance, he thought that there must have been some individual in the remote ages of antiquity in whom the virus originated. If, accepting the Bible history, we could trace it back to Adam, in him it must have been created; or, again, in accordance with the Darwinian theory, suppose we could follow the virus back through generations of apes, ichthyosaurs, jelly-fish, &c., still that inconceivable spontaneous generation confronts us.

"If, then, these corpuscles could once originate spontaneously, why not now?"

And there the Professor leaves us in a true German way, to grope about in the murky mists of philosophical speculation, into which he has conducted us.

"What, then," it may be asked, "are Losterfer's corpuscles?" To which we would briefly reply: hitherto unknown microscopic bodies which have been seen to grow and move, therefore organic, occurring in preparations of the blood of individuals, reduced by constitutional diseases; but of the source, nature and purpose of the corpuscles we are still in utter ignorance.

One significant fact, which must occur to everyone, and which we would recommend Dr. Salisbury to consider, is, that, despite the hundreds of experienced microscopists, whose instruments have for months been directed at syphilitic blood, not a single observer has detected a trace of the "Crypta syphilitica" (Salisbury), which our fellow-countryman finds in every case he examines. I am very truly yours.

JAMES R. CHADWICK, M.D.

P. S.—Since writing the above, the JOURNAL of April 11th has reached me, in which I find a statement that the committee appointed from the Boston Society for Medical Observation to investigate Losterfer's corpuscles, have failed to detect anything in the blood of syphilitics which was not equally to be found in healthy blood. From

my last letter it will be evident that no other result could have been expected, because of their ignorance of the method of preparing the slides. The same ignorance prevented Prof. Wedl, Dr. Neumann, and others, from accepting the new discovery, but they now no longer hesitate to recognize the corpuscles as fully proved; this I have from their own lips. I, myself, have recently seen the corpuscles in properly-prepared specimens, after having searched a month in vain.

Selected Papers.

TORSION OF ARTERIES.

Translated from the "Archives Générales de Médecine" for Nov., 1871, by H. TUCK, M.D., Boston.

At a recent meeting of the "Académie de Médecine" in Paris, Dr. Tillaux read a paper on this subject, from which the following extract is taken:—

He stated that the torsion of arteries was first advised by Amussat, but that the practice seemed to have fallen into entire neglect.

The ligature is certainly not without its disadvantages; its presence favors suppuration and prevents union by first intention. It is not rare that a nerve filament gets seized with the artery, causing great pain, giving rise, according to some authorities, to traumatic tetanus; sometimes, also, a few fibres of cellular tissue or of muscle are included in the loop of the ligature, and, becoming sphacelous, putrefy in the wound. These are the chief objections to the ligature. The torsion of arteries does away with all these. But does it assure hæmostasis to the same degree as the ligature? I assert most emphatically that it does. The torsion of an artery, thoroughly performed, closes absolutely and completely the mouth of the vessel. Numerous experiments on the dead subject convinced me so strongly of this fact that I have not hesitated to employ torsion upon the living subject with entire confidence. I amputated the left arm, above the elbow, of a vigorous omnibus driver. The dressing was not even tinged with blood, contrary to the ill-disguised incredulity of my assistants. I have since done an amputation of the forearm near the elbow, and a tarso-metatarsal amputation, with the same result.

Torsion can be done perfectly well with the ordinary ligature forceps, though I have

had some made for this purpose—varying in size for large, medium and small arteries.

Torsion is thus performed:—the artery, being isolated, should be seized with the forceps about one-eighth of an inch from its open end, and holding the forceps in a direction parallel with the artery with the left hand, with the right twist them round slowly. The coats of the artery at first resist, but soon yield, and after a number of twists (I have made as many as thirteen) the seized extremity is twisted off and remains in the grasp of the forceps.

THE DIAGNOSIS OF ANEURISM OF THE AORTA BY THE AID OF THE LARYNGOSCOPE.

By GEORGE JOHNSON, M.D., F.R.C.P., Physician to King's College Hospital, &c.

It is well known that, in cases of aneurism of the arch of the aorta, symptoms referable to the air-passages not unfrequently arise. The diagnosis of these cases is often much facilitated by the use of the laryngoscope. Such a case I saw lately.

A gentleman, Mr. H., aged 33, had noticed occasionally for a year past that, after running hard, his breathing became short, and attended with a noise in the throat. About six weeks before I saw him, while running after a wounded hare, his breathing became so difficult that he could run no longer, and he was nearly suffocated. At the time of his visit to me, on the 30th of October, the chief symptoms were cough, stridulous breathing, and occasional difficulty of swallowing. The voice was clear and loud; and I remarked to Dr. Richards, before looking into the larynx, that, if the obstruction which caused the stridor were in the larynx, there would almost of necessity be more or less hoarseness and feebleness of voice. A laryngoscopic examination showed the larynx healthy, except slight congestion and redness of the mucous membrane; and while he drew a deep inspiration through a widely open glottis, as seen in the mirror, we heard loud stridor, evidently originating below the larynx. Then the question arose, is there an aneurism pressing on the trachea? No unusual pulsation could be felt anywhere. No abnormal sound was heard over the front of the chest; but, on auscultation over the upper dorsal spinous processes, the tracheal stridor was heard there almost as plainly as when the stethoscope was placed over the front of the trachea itself; and the voice in that situation had a loud bron-

chophonic character. In addition to these physical signs, the respiratory murmur was decidedly more feeble over the right than over the left lung. We came to the conclusion that an aneurism of the transverse aorta, pressing on the trachea, and narrowing the tube, was the cause of the stridor, the occasional dyspnoea, and dysphagia.

I did not see the patient again; but I learn from Dr. Richards that he became steadily worse for some time, and rapidly so a few days before his death, which occurred exactly three weeks after his visit to me. The difficulty of breathing progressively increased, until it became a constant struggle; there was occasional dysphagia; and he died from apnoea on the 20th of November. Dr. Richards has kindly sent me notes of the examination made twenty-four hours after death, and a photograph of the aneurism, which I have had copied upon wood.

At the back of the transverse aorta there was a shallow pouch an inch and a half in diameter; at the upper part of this pouch an oval opening, with smooth, rounded margins, and scarcely large enough to admit the tip of the little finger, communicated with an aneurism about the size of a walnut; this tumor pressed backwards on the trachea just above its bifurcation; the cartilages were eroded; and the posterior wall of the aneurism was mainly composed of mucous membrane, which, over the most prominent part of the tumor, had an ulcerated opening a quarter of an inch in diameter, so that a clot of fibrine alone intervened between the blood in the aneurism and the air in the trachea. The canal of the trachea was nearly filled by the aneurismal tumor, which projected more over the right than over the left bronchus, and so explains the comparative feebleness of the respiratory murmur over the right lung. The recurrent nerves were found to have no connection with the tumor.

The case whose history I have here briefly given, is a type of a class of cases. A similar case is at present under my care in the hospital. The chief features of these cases are, that an aneurism at the back of the transverse aorta presses on the trachea, narrows the canal, and so causes frequent loud cough, dyspnoea and stridor; the stridor is tracheal, not laryngeal; while the voice remains clear and loud, and the laryngoscope shows the larynx quite normal, or the mucous membrane only slightly congested. The tracheal stridor and the sound of the voice are distinctly heard over the upper dorsal spinous processes, in conse-

quence of the trachea near its bifurcation being pressed backwards against the bodies of the vertebrae, so that the sound is conducted through the bones. The symptoms in these cases may steadily or rapidly grow worse, but are not liable to sudden paroxysmal increase, except after unusual exertion, by which the aneurism becomes distended, and so the pressure on the trachea is temporarily increased.

There is another distinct class of cases in which laryngeal symptoms result from pressure of an aneurism on the pneumogastric nerve or its recurrent branch, the muscles of the larynx being either paralyzed or thrown into a state of spasm. I have published a case of this kind in the fifteenth volume of the *Pathological Transactions*, p. 72. In that case, the symptoms bore a striking resemblance to those of laryngitis. It is not only of scientific interest, but also practically important, to distinguish the two classes of cases; and the laryngoscope affords much assistance in the diagnosis. When pressure on the nerves causes spasm or palsy of the laryngeal muscles, the voice is usually feeble and husky. With laryngeal spasm, there will be stridulous breathing, which may come and go quite suddenly, often without obvious external exciting cause, like paroxysms of infantile laryngismus stridulus. In these cases, the stridor is laryngeal, not tracheal. Inspection with the mirror during the paroxysm of spasm shows closure or great narrowing of the glottis, without structural change within the larynx, as in cases of hysterical laryngismus. When the spasm relaxes, the larynx appears quite normal. When pressure on one recurrent nerve has caused unilateral palsy of the laryngeal muscles, one arytenoid cartilage, with its vocal cord, may be seen to remain motionless when vocalization is attempted; and the voice is feeble and husky. In these cases, the tubular breathing and bronchophony resulting from pressure of the trachea against the vertebrae are absent. Now the chief practical advantage of a correct diagnosis between stridor and dyspnoea the result of direct pressure on the trachea, and stridor from laryngeal spasm, or palsy, the result of pressure of an aneurism on a nerve, is this, that, in the latter class of cases, temporary relief may be afforded, and life prolonged, by tracheotomy; whereas in the former class tracheotomy is obviously quite useless, since the obstruction is below the point where the trachea can be opened. When laryngeal symptoms result from spasm, repeated doses of chloral have a

decided influence in lessening the spasmodic tendency. Chloroform inhalation, also, relaxes laryngeal spasm, and therefore it may sometimes be employed as one means of distinguishing spasm of the larynx from a more permanent obstruction in the larynx or trachea.—*Brit. Med. Jour.*

Medical and Surgical Journal.

BOSTON: THURSDAY, MAY 23, 1872.

PLACENTA PRÆVIA.

IN the *Richmond and Louisville Medical Journal* for April is contained the report, by Dr. W. O. Baldwin, of a case of placenta prævia. The treatment of the case appears to have been ingenious and original. The patient was at the end of the seventh month of her fourth pregnancy. Various remedies—as ice, the tampon and ergot—failed to arrest the profuse hæmorrhage from a placenta occupying the cervical zone of the uterus, and the patient was greatly reduced. Forcible delivery was now determined on as the only method consistent with the salvation of the woman; and even this promised but a doubtful result in view of the risk from any farther flowing. The os uteri was dilated by means of Barnes's hydrostatic dilators. The hand of the operator was then introduced, *per vaginam*, to separate the placenta and the adjacent membranes, with a view to version; at the same time a stream of ice-cold water was directed, by means of a Davidson's syringe with long nozzle, against the detached placental surface and the lacerated uterine lining, effectually astringing the torn tissues and controlling the hæmorrhage. Delivery of a living child was safely accomplished. During the three minutes occupied in the operation of turning, after the os was dilated, only one or two ounces of blood escaped. The version was facilitated and the danger of *post-partum* hæmorrhage was doubtless lessened by the additional amount of fluid, of a cooler temperature than normal, thrown into the uterus by means of the syringe. The mother made a good recovery.

The author of the report suggests the

use of this irrigation of ice-water, not only in cases like his own where version was performed, but in the primary stages of unavoidable hæmorrhage, the effects of the cold application being more easily and efficiently obtained by means of water-injection than by the use of ice.

DISLOCATION OF THE HIP, REDUCED BY MANIPULATION.—Prof. Corydon L. Ford reports, in the *Michigan Univ. Med. Jour.* for January, 1872, a case of dislocated hip in a child of eight years, the peculiar feature of which was that after eight or nine weeks' displacement, during which interval various methods had been resorted to, the reduction was successfully effected at the first attempt by the flexion, adduction and rotation of the thigh, the patient being under chloroform. In the last stage of the manipulation, when the thigh was being rotated and extended, a motion at the joint was distinctly felt, and the head of the femur was found to have resumed its normal relations. By some accident, the bone became dislocated again within twenty-four hours; it was again restored by the same method as at first, and a perfect recovery followed.

RECOVERY AFTER AVULSION OF ARM AND SCAPULA.—In the *Lancet* for Feb. 17th ult., a case is reported which shows the remarkable restorative powers of nature after severe mutilation of the body, when the conditions of age, vigor and treatment are favorable. A boy of ten years had his hand caught between two wooden rollers, and before the machinery could be stopped the whole limb, with the scapula, was torn from the body, so that it was held only by the soft tissues covering the shoulder posteriorly. The clavicle was laid bare, and the integument was stripped from the front of the thorax. The ulna, radius and humerus were comminuted, and the soft tissues covering them were shockingly lacerated.

The surgeon removed the mutilated tissues as best he could, taking a flap posteriorly to cover the exposed surface of the trunk. Water dressings were applied. The day following the injury, the patient was carried two miles in a cart over a hilly

road, without the consent of the surgeon. The wound had "nearly healed" after an interval of three weeks from the injury.

The *Atlanta Medical and Surgical Journal* for November, 1871, contains the history of a remarkable case of traumatic injury to the brain, reported by Dr. W. A. Love, of Atlanta. The patient, a boy of 14 years, was struck with an axe, the blade entering the skull over the left superciliary ridge, cutting inwards, downwards and backwards, inflicting a wound five inches long, penetrating to near the centre of the left cerebral hemisphere, and finally splitting off the parietal bone and part of the frontal bone to the squamous suture, dashing out that portion of the brain, estimated at two fluid ounces in amount, and leaving the head laid open "five inches." After the accident, the most important primary symptoms were hæmorrhage and occasional convulsions, in the intervals of which the patient was conscious. The case progressed favorably toward recovery, and in twenty-eight days all discharge had ceased. No mental impairment resulted.

A DIAGNOSTIC SIGN OF EXTRA-CAPSULAR FRACTURES OF THE NECK OF THE FEMUR.—In a recent monograph upon the subject, M. Jankerguistel arrives at the following conclusions:—

1. Increase in the size of the great trochanter is an accurate and constant sign of extra-capsular fractures of the neck of the femur.

2. The presence of this sign, once ascertained, enables the surgeon to dispense with all those manipulations, often dangerous, always painful, which are necessary to determine crepitation or abnormal mobility.

3. The study of the sign alluded to permits accuracy of diagnosis, without rendering the prognosis more grave or without compromising a cure.—*L'Union Médicale.*

THE ROOSEVELT HOSPITAL. *Messrs. Editors.*—During a recent visit to New York, I visited the Roosevelt Hospital, corner 59th Street and 9th Avenue. Perhaps a brief account of it may be of interest, especially as the system of ventilation adopted by the architect is coming into general use. The buildings connected with the hospi-

tal are not yet entirely finished, and only two wards are occupied. The entrance, at present, is by a side-door, which opens into a hall running across the main hall at right angles. On the first story are the offices, accident and other rooms connected with the administrative department. The next three stories are each occupied by a large ward, with ward-kitchen, dining-room, nurses' room and rooms for house-officers, or for private patients, at one end, bath-room, water-closets, room for drying garments and towels, and a small room with wash-bowl, &c., at the other end of the ward. An elevator carries up patients and visitors, another is used for food; shafts allow foul linen and clothing, as well as the dust and dirt from the wards, to be dropped to the lower story.

In the ward-kitchen, of each story is a ward-range, which is used for heating food already cooked, and, also, for the preparation of gruel, tea and delicacies. Cars, made of zinc, with double sides, back and top, and supplied with hot water, are used to convey food from the kitchen to the elevator.

The bath-room connected with each ward contains conveniences for full baths, hot or cold, sitz baths, shower-baths, steam-baths, contrivances for hot or cold douch, and a marble slab on which to shampoo patients. The water-closets contain a sink into which slops can be emptied, and the waste pipe can be flushed with steam; the water-closets are all ventilated by a separate ventilating-flue, in which a draught is maintained by the steam pipes or by lighting gas jets. The drying-rooms are heated by steam.

The wards are ventilated in two ways. At each end of a ward are two openings at the top and two at the bottom which open into large flues communicating through the cellar with a large ventilating shaft, a hundred feet high or more. This shaft is divided into four compartments, each five or six feet square, by a partition twenty or twenty-five feet high. In the centre of the shaft is an iron smoke-stack, receiving the heat from the furnace, escape steam, &c., by which the shaft is heated so as to cause an upward draft. A coil of steam-pipe in each division serves as an accessory in case the heat from the central flue is not sufficient. When the iron door affording entrance to one of these chambers was opened, the power of suction in this ventilating shaft could be approximately estimated, the rush of air being almost enough to take away one's breath. The means of commu-

nication between this ventilating shaft and the flues in the wards are ample, though I cannot state their exact size.

The other method of ventilating the wards is by means of several, I think six, openings near the floor, which enter flues passing up in the wall to a room under the roof, covered with glass, and communicating with the outer air by a large zinc ventilator on the ridge-pole. The opening to this ventilator from the chamber can be closed by a damper. The sun, heating the chamber through the glass, causes a current of air upwards through the ventilator, and so draws the air up out of the wards.

The heated air passes into the wards through registers at the top. The cold air is received through a shaft fifty feet high into a conduit running under the kitchen and laundry. This conduit sends off branches which pass on each side of the cellar of the pavilion, in which are the wards. The air is heated in small chambers by coils of steam-pipe, and passes up flues in the walls to the registers in the wards. Valves in the cellar enable one to close any of these flues as desired. No fan is used, though a room was left for one at the base of the cold-air shaft, in case it should ever be needed.

The kitchen, laundry, &c., are in a separate building connected with the pavilions by corridors. The ranges are in the centre of the kitchen; above is a large, flaring ventilator to convey all savory odors to the outer air. There is a large zinc hot-chest, heated by steam, to keep food hot. A bakery—not yet in operation—store-rooms, pantry, &c., complete the culinary department.

The laundry is furnished with the most convenient washing-machines, and a chest for steaming foul linen and for disinfecting. The ironing-room has a small apartment in which to heat the irons, so as to avoid overheating the work-room.

A surgical ward in a separate pavilion is not yet finished. It will contain two fire-places, in addition to other means of ventilation; the water-closets and bath-room will be in an L separated by a short passage from the ward.

This account I believe to be substantially correct. No attempt has been made to give dimensions or numbers, for the visit was made without the intention of describing what was seen. I must express my sense of indebtedness to the visiting and resident physicians, both of whom took much trouble to show me the different departments and explain the working of the

contrivances for the convenience and comfort of patients and physicians.

S. G. W.

ON THE USE OF PEPSINE IN DIARRHŒA. By A. DAVIDSON, M.B.—There is a form of diarrhœa often observed in young children from one to two years old, in which the ordinary treatment by antacids, aromatics, astringents, &c., has no good effect; but if pepsine be administered, it scarcely ever fails to restore the child at once to health. The diarrhœa in this instance arises from feebleness of the digestive powers. A large proportion of the food is not assimilated, and consequently passes on and appears in the motions in an undigested state.

These cases are frequently met with in hospital practice, and are easily recognized. They are not more prevalent in the summer months, but occur at all times of the year. They are most frequent after the period of weaning; but sometimes weakly children fed at the breast are affected in this way. When the children are brought under medical observation, it is usually found that the diarrhœa has existed for several weeks or months, and has resisted all the ordinary treatment by medicines and regulation of diet.

The symptoms are as follows: The motions are frequent, and vary considerably in character in different cases, but always show the presence of undigested food. Usually, the action of the bowels takes place directly after the time of feeding, and this circumstance leads the mother or nurse to describe the child's state as one in which the food passes right through it, and does it no good. Of course, it is impossible that the food really passes through the intestinal canal so rapidly as this description would imply. What really occurs, is that the ingestion of food into the stomach excites the action of the bowels, and leads to the expulsion of the half-digested food previously lying in the large intestines.

Considerable disturbance of health usually results from this form of diarrhœa, but by no means the same amount of exhaustion or emaciation as would follow an ordinary attack of catarrhal or inflammatory diarrhœa of the same duration.

In the treatment of this class of cases, it is utterly useless to administer the aromatic and astringent mixtures, or other medicinal remedies suitable for ordinary diarrhœa; but if small doses of pepsine be given with the food, immediate improvement is the result, and ultimately complete cure.—*London Practitioner*.

TRANSFORMATION OF MEDULLA INTO BONE.—M. Demarquay lately presented to the *Académie de Médecine* an interesting example of ossification of the medulla of the left humerus, resulting from a gun-shot fracture received nearly a year before—namely, on the 2d of January, 1871. At the time of admission of the patient, the case was considered favorable for conservation of the limb, but under treatment union did not take place, and in the month of June following not only had numerous abscesses formed upon the limb, but it had considerably increased in size along its entire extent, at the same time that numerous fistulous openings leading through a thick layer of new osseous tissue rendered easy the detection of necrosed bone in its interior. The arm being disarticulated and the humerus sawn along its length, it was found that the layer of new bone by which it was surrounded presented numerous spaces communicating with the dead bone, within which comprised the entire thickness of the humerus, considerably diminished in volume, while the extremity and circumference of the medulla had undergone osseous transformation, the central portion being destroyed. The circumstance was interesting as showing that ossification of the medulla may take place, a fact which has from the most ancient time been successively accepted and denied by physiologists, but lately proved by Ollier, although only in a pathological condition. On comparing the ossification of the medulla with bony formations furnished by the periosteum, we observe the small formative power of the former as compared with the latter when separated from mortified bone; the periosteal bone has a considerable volume, while the ossified medulla is thin and fragile. M. Demarquay observed that in the specimen before him the transformation was in no way mere calcification of the medulla, but veritable ossification taking place in the medullary membrane as described by Bichat; and if the present facts have not demonstrated the existence of that membrane they have at least shown that the elements of the circumference of the medulla are alone capable of transformation under the influence of long-continued irritation.—*The Doctor*.

A YOUNG MOTHER.—Dr. Haining reports, in the *British Medical Journal* for October 28, the case of a young girl who became a mother at the early age of 12 years.

Medical Miscellany.

MASSACHUSETTS MEDICAL SOCIETY.

PROGRAMME FOR TUESDAY, JUNE 5TH.

Ten o'clock, A.M.—Operations, Surgical Visit, and Exhibition of Patients, at the Massachusetts General Hospital and the City Hospital.

Twelve o'clock, M.—Meeting at the Lowell Institute, Washington St. (rear of Marlboro' Hotel), where papers by the following gentlemen will be read: 1. Alfred L. Haskins, M.D., Diseases of Cæcum and Appendix; 2. George H. Lyman, M.D., Subinvolution of the Uterus; 3. B. H. Tripp, M.D., Adipocere; 4. Charles P. Putnam, M.D., The Food of Infants; 5. B. J. Jeffries, M.D., The Value of the Ophthalmoscope in Diagnosis to the General Practitioner. Adjournment at 2 o'clock.

Four o'clock, P.M.—The Society will re-assemble at the Lowell Institute for the further reading of papers and for their discussion. Adjournment at 6 o'clock.

During the afternoon the Warren Museum at the Mass. Med. College, North Grove Street, the Warren Museum of Natural History, 92 Chestnut Street, the Cabinet of Med. Improvement Society, Perkins Building, 36 Temple Place, the Museum of the Boston Society of Natural History, Berkeley Street, and Dr. Wigglesworth's Museum of Dermatology, 25 Charles Street, will be open to the Society.

The Annual Meeting of the Councillors will be held at the Rooms of the Society, Perkins Building, No. 36 Temple Place, Boston, at 7.30, precisely.

PROGRAMME FOR WEDNESDAY, JUNE 6TH.

The Annual Meeting of the Society will be held at the Lowell Institute, Boston, at 10 o'clock, A.M.

Order of Proceedings.—1. Reading of Records and of names of those who have become Fellows and those who have deceased, during the year; 2. Reports of Committees; 3. Treasurer's Report; 4. Medical Papers and Communications: J. B. Treadwell, M.D., Cardiac Diseases, and Diseases from Sudden and prolonged Exertion; F. B. Greenough, M.D., Instrumental Treatment of Stricture of the Urethra;

John P. Reynolds, M.D., Notes in the Lying-in Wards of Vienna.

At 1 o'clock, precisely, the Annual Discourse will be delivered, by Thomas N. Stone, M.D., of Wellfleet.

The Anniversary Dinner will be served at Music Hall, Winter Street. Members will pass in to the dinner by a private entrance from the Lowell Institute, being called in the order of seniority. Richard M. Hodges, M.D., Anniversary Chairman.

MASSACHUSETTS GENERAL HOSPITAL.—At a recent meeting of the Trustees of this Institution, Dr. Henry H. A. Beach was appointed one of the Surgeons to Out-patients.

DR. CHARLES E. BUCKINGHAM, of this city, has been elected a member of the Obstetrical Society of London.

BOOKS RECEIVED.—Historical and Biographical Memoirs, Essays, Addresses, &c. By George B. Wood, M.D., LL.D. Philadelphia: J. B. Lippincott & Co. Pp. 576. (From James Campbell.)

PAMPHLETS RECEIVED.—Half-Hour Recreations in Popular Science, No. 3—Spectrum Analysis Explained, illustrating its Uses to Science, and including the Theory of Sound, Heat, Light and Color. Boston: Lee & Shepard.—Ueber die verschiedenen Formen des Puerperalfebers. Nach Beobachtungen in der Züricher Gebäranstalt. Inaugural-Dissertation von Susan J. Dimock aus Boston. Zurich, 1871. Pp. 52.—Valedictory Address to the Twentieth Graduating Class of the Woman's Medical College of Pennsylvania. By Henry Hartshorne, M.D., Prof. of Hygiene and Diseases of Children. Pp. 14.—Der Kindergarten in Amerika. Für Eltern, Lehrer und Kinderfreunde kurz dargestellt. R. Steiger, New York. Pp. 32.—Fifth Report of the Medical Staff of St. John's Hospital, Lowell, April 1, 1872. Pp. 12.—Second Annual Report of the Board of Directors of the Manhattan Eye and Ear Hospital, New York. Pp. 24.—Transactions of the Twenty-first Anniversary Meeting of the Illinois State Medical Society, held at Peoria, May 16, 1871. Pp. III, IV, and VII.—Enthusiasm the Condition of Professional Success. A Valedictory before the Graduating Class of the Department of Medicine and Surgery in the University of Michigan, March 27, 1872. By A. B. Crosby, A.M., M.D., Prof. of Surgery, &c. Pp. 19.

MARRIED.—In Cambridge, 14th inst., Dr. Norton Folsom, of Boston, to Miss Elizabeth Cushing Howe.

DIED.—6th inst., Charles J. Barbour, M.D., of Winchendon, Mass., 27.—In Sutton, N. H., Dr. Robert Lane, 86.—In Philadelphia, 8th inst., Dr. John S. Kitchen, U.S.N., 42.—In Savannah, Ga., Dr. George W. Fay, of Baltimore, Md., a native of Westboro', Mass., 40.

Deaths in seventeen Cities and Towns of Massachusetts, for the week ending May 18, 1872.

Cities and Towns.	No. of Deaths.	
Boston	139	Somerville 8
Charlestown	11	Fall River 12
Worcester	39	Haverhill 3
Lowell	13	Holyoke 12
Milford	6	
Chelsea	8	
Cambridge	15	
Salem	10	
Lawrence	11	
Springfield	2	
Lynn	11	
Fitchburg	5	
Newburyport	5	
		310

Prevalent Diseases.

Consumption	51
Scarlet fever	17
Measles	16
Pneumonia	15
Typhoid Fever	10
Whooping Cough	9
Croup and Diphtheria	7

There were three deaths from smallpox in Boston, and one in Fitchburg. Of the deaths from measles eight were in Worcester. Of the deaths from scarlet fever seven were in Worcester. Of the deaths from typhoid fever nine were in Boston.

GEORGE DERRY, M.D.,

Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, May 18th. 139. Males, 66; females, 73. Accident, 3—apoplexy, 1—inflammation of the bowels, 3—bronchitis, 9—inflammation of the brain, 2—congestion of the brain, 1—disease of the brain, 3—cancer, 2—cerebro-spinal meningitis, 2—consumption, 25—convulsions, 6—croup, 1—debility, 5—diarrhoea, 4—dropsy, 3—dropsy of brain, 1—drowned, 1—diphtheria, 2—dysentery, 1—erysipelas, 1—scarlet fever, 2—typhoid fever, 3—gangrene, 1—gastroitis, 1—disease of the heart, 6—insanity, 1—disease of the kidneys, 1—inflammation of the lungs, 6—marasmus, 5—neglect, 1—old age, 5—paralysis, 1—premature birth, 1—peritonitis, 1—puerperal disease, 3—smallpox, 3—disease of the stomach, 1—ulcer of the stomach, 1—syphilis, 1—suicide, 1—tumor, 1—whooping cough, 4—measles, 2—unknown, 5.

Under 5 years of age, 57—between 5 and 20 years, 16—between 20 and 40 years, 27—between 40 and 60 years, 18—above 60 years, 21. Born in the United States, 100—Ireland, 22—other places, 17.